

APPLICATION FOR FINAL SUBDIVISION
(Submit Application, Plot Plan and Other Required Documents in Quadruplicate)

RECORD I.D. NUMBER
S U
HEALTH DEPT. USE ONLY

PUBLIC HEALTH – SEATTLE & KING COUNTY
ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR FINAL SUBDIVISION REVIEW

SUBMIT APPLICATIONS TO:
EASTGATE DISTRICT HEALTH CENTER
14350 SE EASTGATE WAY
BELLEVUE, WA 98007
(206) 296-4932

Complete the following and submit with the appropriate fee.
Fee...\$345 plus \$175 per lot
Check Appropriate Box: SUBDIVISION [] SHORT SUBDIVISION []

APPROXIMATE STREET ADDRESS
NAME AND/OR NUMBER OF D.D.E.S. APPLICATION
LEGAL DESCRIPTION
PARCEL #

NUMBER OF ACRES NUMBER OF LOTS TO BE REVIEWED SMALLEST LOT SIZE Sq. Ft.

Preliminary Health Department Subdivision Report Approved? (Y/N) Existing Record I.D. Number or Activity Number

HAVE LOT LINES BEEN ADJUSTED SINCE PRELIMINARY APPROVAL WAS GRANTED? (Y/N) If Yes, attach revised plat map showing new lot lines

OWNER ADDRESS PHONE#
AGENT ADDRESS PHONE#

THE FOLLOWING INFORMATION MUST BE PROVIDED: ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

WATER SUPPLY (Complete Section 1 or 2 below):

Section 1. Public Water Supply (Name)
D.O.H. Public Water Supply I.D. Number
Date Water Supply Received Final Approval Agency
Status: Is the water system in compliance with all-applicable laws, sampling requirements, etc.? Y/N
If Yes, attach a copy of letter from Water Utility, which states that system has been installed and approved or that a contract or bond assures completion of system.

Section 2. Individual Wells (Minimum lot size required for individual well is 5 acres)
Demonstration of adequate water availability attached or statement on "face of plat" that an adequate water supply has not been demonstrated.
Recorded covenant(s) attached

SEWAGE DISPOSAL (Complete Section 1 or 2 below):

Section 1. Public Sewer System (Name)
Attach a copy of letter from Sewer Utility, which states that system has been installed and approved or a contract or bond assures completion of system.
Section 2. Individual On-Site Sewage Systems
Attach Soil Log Descriptions including soil type designation; four (4) soil logs per lot in Drainfield/Reserve areas
Attach a Plot Plan – Show drainfield area, 100% reserve area, lot line, easement lines, road locations, wells, surface waters, drainage features, and sensitive areas (if applicable)
Attach a Site Design to demonstrate sufficient room for Drainfield and Reserve area (upon request of Health Officer)
For Existing Home(s) with Individual On-Site Systems(s): Address(es)
(Attach plot plan to show location of system(s))
Is the Existing Sewage System Functioning Properly? Y/N
Is an adequate Reserve Area available? Y/N Are Setback requirements met? Y/N

I, hereby, certify that the information given in this application is a true and accurate representation of the existing conditions on this plat.
Signature of Owner/Agent Date
Name of Certified Designer (please print) K.C.I.D. #
Signature of Certified Designer Date

APPROVED
DISAPPROVED
(Date) (E.H. Specialist) (District Supervisor)

COMMENTS/CONDITIONS

Any person aggrieved by any decision or final order of the Health Officer may file a written application appeal to health officer within 60 calendar days of the date of the above decision.
(Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee)

DATE RECEIVED